

JOB NO. 4773 DEXIE CARRIERS
BARGE: RIO 3002 7/95

HER 02296

HERCULES

MARINE SERVICES CORPORATION

P. O. Drawer O • Freeport, Texas 77541

INVOICE NO. : 3069-95

DATE : July 31, 1995

Job No. : 4773

Location : Freeport

to: Dixie Carriers

PLEASE REMIT PAYMENTS TO:
11011 RICHMOND
SUITE 500
HOUSTON, TX. 77042

PO#BGMG951226

Terms : Net 30

FOR:

Service to barge RIO3002 as follows:

Set up equipment
Strip out all free product
Blow cargo pipeline and stripping system
Vacuum blow dry cargo tanks
Remove equipment
Close barge

Labor:	Leadman	8.5	@	48.00	
	Journey	41	@	44.25	

\$	408.00
	1,814.25

Material: 73.45 + 14.69

88.14

Equipment:	Compressor	6.5	@	44.00	
	Air movers	72	@	5.00	
	Vacuum	4	@	18.00	
	Hand hose	4	@	10.00	

286.00
360.00
72.00
<u>40.00</u>

TOTAL AMOUNT DUE

\$3,068.39

Arrived: 7/23/95 1:30 p.m.
Completed: 7/23/95 10:00 p.m.

PHONE: (409) 233-6371

Strength through Experience, Equipment, Know-How

HER 02297

1 gas ket
5 filters
4 coveralls
4 batt
2 gloves
4 goggles

6.00
30.00
11.40
9.00
5.25
11.80

JOB WORKSCOPE/INSPECTION

JOB NO:

4773

CUSTOMER:

Dixie

DATE:

R10 3002

FOREMAN: S/P _____ @ 30.00

O/P _____ @ 51.75

LEADMAN: S/P _____ @ 33.50

O/P 8.5 @ 40.00

BOUNCEY: S/P _____ @ 31.00

O/P 41. @ 44.25

DIESEL: _____ gal @ .35

MATERIAL: 73.45 plus 20% 14.69

STEEL MATERIAL: _____ PLUS 20%

EQUIP:

COMPRESSOR 6.5 @ 44.00

AIR MOVES 12 @ 5.00

FORKLIFT _____ @ 20.00

TACKLER _____ @ 00.00

STEAM RIC _____ @ 00.00

VACUUM 4 @ 10.00

HAND ROSE 4 @ 10.00

WELDING MACHINE _____ @ 15.00

GRABBER _____ @ 50.00

CRANE _____ @ 120.00

FLYING TRUCK _____ @ 20.00

3" GAS PUMP _____ @ 14.00

2" SHIPPING PUMP _____ @ 12.00

BURSTING _____ @ 10.00

4" ELECT PUMP _____ @ 15.00

WORK BARGE _____ @ 25.00

CUTTING RIC _____ @ 0.00

HAUL OUT _____ @ 1100.00 / Day

ARRIVED: _____ COMPLETED: _____ DEPARTED: _____

PRODUCED: _____ LOAD: _____

TOTAL INVOICE : 3068.39

HER 02298

HB

**HERCULES**

MARINE SERVICES CORPORATION

*Strength through environmental awareness and customer service*P.O. Drawer O
Freeport, Texas 77541Office (409) 233-6371
Fax: (409) 233-6375

EQUIPMENT	HOURS USED	HOURLY RATE	TOTAL PRICE
COMPRESSOR	6 1/2	44.00	
AIR MOVERS	72	5.00	
VACUUM	4	20.00	
BOILER		80.00	2
HAND HOSE	4	10.00	
BUTTERWORTH		10.00	2
2" STRIP PUMP		12.00	
3" DIESEL PUMP		14.00	
4" ELECT PUMP		15.00	
CRANE		130.00	
CHERRY PICKER		50.00	
FORKLIFT		20.00	
TUG BOAT		80.00	
WELD MACHINE		15.00	
CUTTING RIG		5.00	
WORK BARGE		35.00	
HAUL OUT		1100.00	

DATE: 7-23-95 JOB NO: 4773 BARGE NAME: R10-3002

HER 02299



HERCULES
OFFSHORE CORPORATION

Strength through experience, equipment, know-how

P.O. Drawer 0
Freeport, Texas 77541

Office: (409) 233-6371
Fax: (409) 233-6375

FINAL CHECK LIST

DATE: 7-23-95

BARGE: R10-3002

BLIND NUMBER CHECKED 2 REPLACED GASKET YES NO ✓

GATE VALVE NUMBER CHECKED 11 REPLACED GASKET YES NO ✓

PLUGS NUMBER CHECKED 1/1 REPLACED PLUG YES NO ✓

* CHECK VALVE NUMBER CHECKED N/A REPLACED GASKET YES NO ✓

DEEPWELL BLIND NUMBER CHECKED 1 REPLACED GASKET YES NO ✓

BELOW DECK CARGO PIPELINE BLIND NUMBER 1 REPLACED GASKET YES NO ✓

BELOW DECK CARGO PIPELINE BLIND REMOVED YES NO ✓

DRIP PANS VALVES: CLOSED BY SAM

DRIP PANS COVER: CLOSED BY N/A

COMTAINMENT AREA PLUG OR VALVES: CLOSED BY N/A

AIR TEST CARGO LINE - 40psi - USING SOAP

SIGNATURE OF TESTER: *Charles Duvet*

WITNESS: *[Signature]*

* CHECK VALVE GASKET WILL BE REPLACED

* AIR TEST IS LAST THING TO BE DONE BEFORE RELEASING BARGE.

HER 02300

JOB NO. 4723
BARGE NO. B10-3002
CUSTOMER _____
PRODUCT methanol

ETA _____
DATE/TIME ARRIVAL 12:00 PM 7-23-82
DATE/TIME STARTED 7-23-82 1:30 PM
DATE/TIME COMPLETED 7-23-82 10:00 AM

DISPOSAL AMOUNT _____ AMOUNT STRIPPED 600
CLEANING INSTRUCTION BY: _____ BY: _____
COMPLETION SCHEDULE BY: _____
OVERTIME AUTHORIZED BY: _____
BARGE INSPECTED BY: Alvin Quinto DATE/TIME: _____
BARGE RELEASED TO: Cristobal DATE/TIME: 9:45
DEEPWELL OPENED: YES ☒ NO ☐ CLOSED BY Lucio NEW GASKET YES ☐ NO ☒
BELOW DECK CARGO PIPELINE: BLIND OPEN YES ☒ NO ☐ CLOSED BY Sam NEW GASKET YES ☐ NO ☒
DECK CHECK VALVE OPENED: YES N/A NO ☐ CLOSED BY _____ NEW GASKET YES ☐ NO ☒
DECK HEADER BLINDS OPEN: YES ☒ NO ☐ CLOSED BY Sam NEW GASKET YES ☐ NO ☒
DECK HEADER DRAIN PLUG OPEN: YES ☒ NO ☐ CLOSED BY Sam
VAPOR RECOVERY HEADER OPENED: YES ☒ NO ☐ CLOSED BY Sam NEW GASKET YES ☐ NO ☒
RUST SCALE: YES ☒ NO ☐ WASHED OUT ☐ BUCKETED OUT ☐
NUMBER OF CARGO TANKS 10
NUMBER OF DRAIN VALVES 600
DECK STRIPPED: YES ☒ NO ☐ PIPE PRESSURE TEST DATE: _____
DRIP PANS STRIPPED: YES ☒ NO ☐
WEATHER: TEMP 95 RAIN ☐ FOG ☐ HUMIDITY ☐ OVERCAST ☐ CLOUDY ☐ CLEAR ☒
PIPELINE WASHED: no PIPELINE BLOWN yes PIPELINE SUMPS INSPECTED Duarte
BOW RAKE CHECKED: YES ☒ NO ☐ STERN RAKE: YES ☒ NO ☐
VOIDS: YES ☒ NO ☐ SAFETY EQUIPMENT USED: _____

WORK SCOPE

HER 02301

**DECLARATION OF INSPECTION
PRIOR TO BULK CARGO TRANSFER**

VESSELS

NO 3002
DRILL CARRIERS

TRANSFER FACILITY

HERCULES DOCK

LOCATION

FREEPORT TX.

The following list refers to requirements set forth in detail in 33 CFR 156.150 and 48 CFR 35.35-30 (printed on reverse). The spaces adjacent to items on the list are provided to indicate that the detailed requirement has been met.

1. Communication System/Language Fluency (156.120) (m) (p))
- 2. Warning Signs and red Warning Signals. (35.35-30)
3. Vessels Moorings. (156.120) (a))
4. Transfer System Alignment. (156.120) (d))
5. Transfer System; unused components. (156.120) (e))
6. Transfer Systems; fixed piping. (156.120) (f))
7. Overboard Discharges/Sea Suction Valves. (156.120) (g))
8. Hoses or Loading Arms condition. (156.120) (h) (156.170)
9. Hoses; length and support. (156.120) (b) (c))
10. Connections. (156.130)
11. Discharge Containment System. (156.120) (j) (i))
12. Sumps or Drains. (156.120) (k))
13. Emergency Shutdown (156.120) (n))
- 14. Repair Work Authorization. (35.35-30)
- 15. Boiler and Galley Fires Safety. (35.35-30)
- 16. Fires or Open Flames (35.35-30)
17. Lighting (sunset to sunrise). (156.120) (t))
- 18. Safe Smoking Spaces. (35.35-30)
19. Spill and Emergency shutdown procedures. (156.120) (q))
20. Sufficient Personnel. (156.120) (o) (s))
21. Transfer Conference. (156.120) (u))
22. Agreement to begin transfer. (156.120) (r))

DELIVERER	RECEIVER
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
N/A	N/A
N/A	N/A
N/A	N/A
/	/
/	/
/	/
/	/
/	/

I do certify that I have personally inspected this facility or vessel with reference to the requirements printed on reverse and that opposite each of them I have indicated that the regulations have been complied with.

Person in Charge Receiving Unit

Charles Puerto

TITLE

FORMAN

TIME & DATE

1:30 PM.

Person in Charge Delivering Unit

Charles Puerto

FUEL PERSON

TIME COMPLETED 7-23-95 2:10 PM.

* Rules and Regulations for Tank Vessels.

HER 02302

HAZARDS COMMUNICATION STANDARD

OSHA 1910.1200

EMPLOYEE HAZARDOUS MATERIALS TRAINING PROGRAM

Date 7-23-85Supervisor *David A. Smith*Plant HERCULESClient Safety Area CAS FENCE DOCKR10-3002

The following listed materials are considered to be hazardous to the employees working in this area:

<u>METHANOL</u>		

The employees assigned to work in this area have been informed of the hazardous materials in this area, the hazards they present to the workers, the location of hazards listed, the protective equipment that has been provided and where it is located, and procedures to be followed in case of an accidental exposure. I have received the training listed above and will so designate by signing this form.

NAME	BADGE	NAME	BADGE
<u>Jose A. Casco</u>	<u>064</u>		
<u>Joe T. Jones</u>	<u>63</u>		
<u>Steve Smith</u>			
<u>R.S. Smith</u>	<u>08</u>		

HER 02303

METHANOL MATERIAL SAFETY DATA SHEET**1. PRODUCT INFORMATION**

Product Name	METHANOL
Trade Name/Synonyms	Methyl alcohol, methyl hydrate
WHMIS Classification	B2, D1A
U.N. Number	1230
TDG Classification	TDG Class 3 (6.1) Packing Group II
Product Use	Solvent, fuel, feedstock
Emergency Phone No.	1-403-527-8141

2. HAZARDOUS COMPONENTS

	Wt. %	CAS No.	LD50	LC50
Methyl Alcohol	99.85%	67-56-1	6.2-13.0 g/kg (Oral, rat) 20 ml/kg (Dermal, rabbit)	64,000 ppm (Rat, inhale.)

3. POTENTIAL HEALTH EFFECTS

Skin Contact: Yes

Skin Absorption: Yes

Eye Contact: Yes

Ingestion: Yes

Inhalation: Yes

Exposure Limits

Methyl alcohol: ACGIH TLV-TWA = 200 ppm, STEL = 250 ppm - Skin notation
OSHA PEL = 200 ppm, STEL = 250 ppm - Skin

Irritancy of Product

1000 ppm in air may cause irritation of mucous membrane

Sensitization

No

Synergism with

Not available

Short Term Effects

Swallowing even small amounts of methanol can cause blindness and death other effects may be nausea, headache, abdominal pain, vomiting and visual disturbances ranging from blurred vision to light sensitivity. Inhalation of high airborne concentration can also irritate mucous membranes, cause headaches, sleepiness, nausea, confusion, loss of consciousness, digestive and visual disturbances and death. NOTE: The odour threshold of methanol is several times higher than the TLV-TWA. High vapour concentration or liquid contact causes irritation, tearing and burning. May be absorbed through the skin in toxic or lethal amounts. Causes mild irritation, redness, cracking and drying.

Long Term Effects

Repeated exposure by inhalation or absorption may cause systemic poisoning, brain disorders, impaired vision and blindness. Inhalation may worsen conditions such as emphysema or bronchitis. Repeated skin contact may cause irritation, dryness and cracking.

Reproductive Effects

Reported to cause birth defects in rats exposed to 20,000 ppm

Teratogenicity

No

Mutagenicity

No

Carcinogenicity

Not listed with IARC, NTP, ACGIH or OSHA as a carcinogen

HER 02304



METHANOL MATERIAL SAFETY DATA SHEET

4. FIRST AID INFORMATION

Skin	Remove contaminated clothing and wash under shower with soap and water for 15 minutes. Seek medical attention if irritation occurs.
Eye	Flush immediately with gently running water for 15 minutes, ensuring all surfaces and crevices are flushed. Obtain medical attention.
Inhalation	Remove to fresh air, restore or assist breathing if necessary, obtain medical attention immediately.
Ingestion	Swallowing methanol is life threatening. If conscious and medical aid is not immediately available, dilute stomach contents by giving large amounts of water or milk and induce vomiting. Transport to medical attention immediately.

5. FIRE AND EXPLOSION HAZARD

Flammable/Combustible (yes/no)	Yes
If yes, under what conditions?	In the presence of an ignition source.
Extinguishing Media	Water spray, dry powder, AFFF (Aqueous Film Forming Foam). Alcohol resistant type with 6% foam proportioning equipment or CO ₂
Special Firefighting Instructions	Methanol burns with a clean clear flame which is almost invisible in daylight. Concentrations of greater than 20% methanol in water can be ignited. Water may be ineffective depending upon depth of methanol burning. Use fine water spray or fog to control fire spread and cool structures or containers. Fire fighters must wear full face, positive pressure, self-contained breathing apparatus or airline and appropriate protective clothing.
Flashpoint and Method	11°C (52°F)(TCC)
Lower Explosive Level (% volume)	6 %
Upper Explosive Level (% volume)	36 %
Auto Ignition Temp.	385 - 470°C (Depending on method)
Impact/Shock Sensitivity	Not available
Rate of Burning	Not available
Sensitivity to Static Discharge	Low
Hazardous Combustion Products	Toxic gases and vapours; oxides of carbon and formaldehyde.

6. REACTIVITY DATA

Chemically Stable (yes/no)	Yes
If no, under what conditions?	Not applicable
Incompatible with other substances	Yes
If yes, which ones?	Strong oxidizers, strong acids, strong bases. May be corrosive to lead and aluminium
Conditions of Reactivity	Presence of incompatible materials and ignition sources.
Hazardous Decomposition Products	Formaldehyde and carbon monoxide

HER 02305

7. SPILL AND LEAK RESPONSE**Spill or Leak Response**

Extremely flammable liquid. Release can cause an immediate fire/explosion hazard. Eliminate all ignition sources, stop spill and use absorbent materials. If necessary, contain spill by diking. Maximise methanol recovery for recycling or reuse if applicable. Collect liquid with explosion proof pumps. For small spills, collect with a non-combustible sorbent. Recover methanol or dilute with water to reduce fire hazard. Prevent it from entering sewer, confined spaces, drains or waterways. Restrict access to unprotected personnel. Full-face, positive pressure self-contained breathing apparatus or airline and protective clothing must be worn.

Waste Disposal

Incineration is the recommended disposal method. Biodegradation may be used on dilute aqueous waste methanol. Methanol wastes are not suitable for underground injection. Waste materials must be disposed of in accordance with your municipal, state, provincial and federal regulations. Contact the proper authorities for specific instructions or contact the
24 HOUR EMERGENCY NUMBER: (403) 527-8141.

8. EXPOSURE CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT**Engineering Controls**

In confined areas, local and general ventilation should be provided to maintain airborne concentrations below permissible exposure limits. Ventilation systems must be designed according to approved engineering standards.

PERSONAL PROTECTIVE EQUIPMENT**Gloves**

Butyl and nitrile rubbers are recommended. Check with glove manufacturer.

Respiratory

NIOSH approved, with consideration for poor warning properties.

Eye

Face shield and safety glasses with side shield when transferring is taking place.

Footwear

Chemical resistant.

Clothing

Wear chemical resistant pants and jackets, preferably butyl or nitrile rubber.

Check with manufacturer.

Other

Not available

PPE must not be considered a long term solution to exposure control. PPE must be accompanied by employer programs to properly select, maintain, clean, fit and use. Consult a competent industrial hygiene resource to determine hazard potential and/or the PPE manufacturers to ensure adequate protection.

9. STORAGE AND HANDLING REQUIREMENTS**Storage**

Store in totally enclosed equipment, designed to avoid ignition and human contact. Tanks must be grounded and vented and should be nitrogen blanketed. Tanks must be diked. Avoid storage with incompatible materials.

Handling

No smoking or open flame in storage, use or handling areas. Use explosion proof electrical equipment. Ensure proper electrical grounding procedures are in place.

Shipping Information

All shipments of methanol must be properly classified, described, packaged, marked and labelled to conform with regulations set by Transport Canada, Transportation of Dangerous Goods Regulations and U.S. Department of Transport (DOT), Bureau of Explosives and Hazardous Materials Regulations.

HER 02306



METHANOL MATERIAL SAFETY DATA SHEET

10. PHYSICAL DATA

Physical State	Liquid
Odour	Slight alcohol odour
Odour Threshold	2000 ppm, irritation at 1000 ppm, poor warning properties
Appearance	Clear, colourless
Specific Gravity	0.792 ($H_2O = 1$)
Freezing Point	-97.8°C (-144°F)
Boiling Point	64.5°C (148°F)
Vapour Pressure	96 mm Hg at 20°C (68°F)
Vapour Density (air=1)	1.105 at 15°C (59°F)
Evaporation Rate (n-Butyl acetate=1)	2.1
Volatile, Percent by Volume	100%
Solubility in Water at 20°C	Soluble
pH	Not available
Water/Oil Distribution Coefficient	Readily soluble in water, separates from oil.

11. REGULATORY INFORMATION

Transportation	Canadian TDG: Methanol, Flammable Liquid, 3 (6.1), UN 1230, Packing Group II
WHMIS - Canada	USA DOT: Methyl Alcohol (RQ 5000/2270), Flammable Liquid, UN 1230 B2, D1A
OSHA - USA	Hazardous according to 29 CFR 1910.1200
Other	OSHA 29 CFR 1910.1200: Hazardous NFPA Rating: Health = 1, Fire = 3, Reactivity = 0

12. SUPPLEMENTAL INFORMATION

NOTES TO PHYSICIAN: Acute exposure to methanol, either through ingestion or breathing very high airborne concentrations can result in symptoms appearing between 40 minutes and 72 hours. Symptoms and signs are usually limited to the CNS eyes and gastrointestinal tract. Because of the initial CNS's effects of headache, vertigo, lethargy and confusion, there may be an impression of ethanol intoxication. Blurred vision, decreased acuity and photophobia are common complaints. Treatment with ipecac or lavage is indicated in any patient presenting within two hours of ingestion. A profound metabolic acidosis occurs in severe poisoning and serum bicarbonate levels are a more accurate measure of severity than serum methanol levels. Treatment protocols are available from most major hospitals and early collaboration with appropriate hospitals is recommended.

HER 02307

13. PREPARATION INFORMATION

Prepared by	Methanex Corporation Box 1100 MEDICINE HAT, AB T1A 7H1 Telephone: 1-403-527-8141
Date of Issue	January 1, 1994
Previous Issue	January 14, 1992
References Used	American Conference of Governmental Industrial Hygienists, Documentation of Threshold Limit Values, 1991-1992 Proctor & Hughes Chemical Hazards of the Workplace (1978) CCOHS 92-2 and Methanol Chemical Infogram Clinical Toxicology of Commercial Products, 5th Edition Dangerous Goods Initial Emergency Response Guide 1992, Transport Canada

For additional copies of this MSDS, please call (403)-528-1369

HER 02308

HERCULES OFFSHORE CO.

MARINE REPAIR

MARINE OPERATIONS FACILITY

INVOICE NO. _____

ORDER No. 4773

CUSTOMER P.O. _____

DATE	ORDER WRITTEN <u>7-24-85</u>	ETA
	ARRIVAL <u>7-23-85</u>	
	COMPLETION DATE <u>7-23-85</u>	
	DEPARTURE DATE <u>7-23-85</u>	
M/V <input type="checkbox"/> BARGE <input checked="" type="checkbox"/>		
NAME <u>Rid 3002</u>		
LOA _____ BIRTH _____		
FOREMAN <u>Claudio</u>		
LAST PRODUCT _____		
GAS FREEING YES <input type="checkbox"/> NO <input type="checkbox"/> CERTIFICATE REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAUL OUT FOR INSPECTION AND REPAIR YES <input type="checkbox"/> NO <input type="checkbox"/>		
ON WAYS _____ DATE: _____		
ON WAYS _____ DATE: _____		

CUSTOMER	NAME <u>Dixie</u>
	BILLING ADDRESS
	CITY AND STATE
	PHONE NUMBER
WORK AUTHORIZED BY <u>Mike Greene</u> D/T AUTHORIZED BY _____	
STOCK MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, COMPLETE STOCK MATERIAL TRANSFER TICKET	
OUTSIDE SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, LIST	

ITEM NUMBERS

- 1 Strip & blow
Used Five Pair Respirator Filters, Four pair Coveralls,
- 2 Four Flashlight Batteries, Three pair Rubber Gloves, Four pair Monogoggles. It took a long time to do the Barge due
- 3 to the amount of rust in the compartment (rust on walls, floors about 8-5gals^{can}).
- 4
- 5
- 6
- 7
- 8
- 9
- 10

THIS SHALL SERVE AS YOUR AUTHORIZATION TO PROCEED WITH THE ABOVE.

Signed: Alvaro Escobar Date: 7-23-85

HER 02309

HERCULES OFFSHORE CO.

MARINE REPAIR
ORDER No. 4773

MARINE OPERATIONS FACILITY

INVOICE NO. _____

CUSTOMER P.O. _____

DATE	ORDER WRITTEN	ETA
	7-24-95	
	ARRIVAL	
	7-23-95	
	COMPLETION DATE	
	DEPARTURE DATE	
	M/V <input type="checkbox"/> BARGE <input checked="" type="checkbox"/>	
	NAME	Rid 3002
	LOA	
	FOREMAN	Claudio
	LAST PRODUCT	
	GAS FREEING YES <input type="checkbox"/> NO <input type="checkbox"/>	CERTIFICATE REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
	HAUL OUT FOR INSPECTION AND REPAIR YES <input type="checkbox"/> NO <input type="checkbox"/>	
	ON WAYS	DATE: _____
	ON WAYS	DATE: _____

CUSTOMER	NAME	Dixie
	BILLING ADDRESS	
	CITY AND STATE	
	PHONE NUMBER	
	WORK AUTHORIZED BY	D/Y AUTHORIZED BY
	Mike Greene	
	STOCK MATERIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, COMPLETE STOCK MATERIAL TRANSFER TICKET	
	OUTSIDE SERVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, LIST	

ITEM NUMBERS

1	Strip & blow
2	
3	
4	
5	
6	
7	
8	
9	
10	

THIS SHALL SERVE AS YOUR AUTHORIZATION TO PROCEED WITH THE ABOVE.

Signed: _____ Date: _____

HER 02310

FOREMAN'S DAILY TIME REPORT

DESCRIPTION OF WORK PERFORMED (BY PERSONNEL)

JOB NO. 4773
DATE 7-23-95
CLASS NO. R10 3002

Strip + blow

TOTAL HOURS

[illegible]

SIGNED _____
FOREMAN

CODED
AND
EXTENDED
BY

APPROVED
BY

HER 02311

PLEASE FILL OUT EVERYTHING ON THIS PAGE BEFORE TURNING INTO VALERIE

T I M E S H E E T

DATE: 7-23-95

JOB NO: 4773

VESSEL NAME: RIO-3002

OVERHEAD: _____

TIME START: 1:30 PM.

TIME STOP: 10:00 PM.

NAME:

HOURS:

=====

CLAUDIO DUARTE ✓

S/T

O/T 8½

JOE OLIVAREZ ✓

S/T

O/T 8

LUCIO NAJERA ✓

S/T

O/T 8

JOSE CASAS ✓

S/T

O/T 8½

VICTOR GONZALEZ ✓

S/T

O/T 8

SAM PETTIT ✓

S/T

O/T 8½

JOB DESCRIPTION:

Strip & Blow Dry
Used Five Pair Respirator Fitters, Four pair
Coveralls, Four Flashlight Batteries, Three pair Rubber
Gloves, Four pair Monogoggles.

HER 02312